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Bib Data Sheet

CONFIRMATION NO. 8034

|  |   |   |   |                                       |                                |
|--|---|---|---|---------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/085,163   | <b>FILING DATE</b><br>02/27/2002<br><b>RULE</b>   | <b>CLASS</b><br>714                       | <b>GROUP ART UNIT</b><br>2184   | <b>ATTORNEY DOCKET NO.</b><br>30286-2 |                                |
| <b>APPLICANTS</b><br>David Robin Tomlinson, Taunton, UNITED KINGDOM;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br>UNITED KINGDOM 0121502.9 09/05/2001<br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 03/19/2002</b>                           |   |   |   |                                       |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>UNITED KINGDOM | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>17             | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>c/o LUCE, FORWARD,<br>HAMILTON & SCRIPPS LLP<br>11988 E1 Camino Real<br>San Diego ,CA 92130  |   |   |   |                                       |                                |
| <b>TITLE</b><br>Apparatus for and method of controlling propagation of decryption keys   |   |   |   |                                       |                                |
| <b>FILING FEE RECEIVED</b><br>870  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                       |                                |